FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL				
OMB Number:	3235-0076			
Expires:				
Estimated average	ge burden			
hours per respon:	se16.00			

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Prefix	l	Serial
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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Class A Common Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Z Rule 506 Section 4(6)	
Type of Filing:	RECEIVED TO
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	SEP 1 3 2000 //
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Azoogle.com, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
110 E. 55th Street, New York, NY 10022	212-308-8509
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Same as above	Same as above
D. C. D. C.	PPOOR
Internet Advertising BEST AVAILABLE COPY	PROCESSED
	(APPA)
Type of Business Organization	> SEP 2 9 2006
✓ corporation	Please specify): FINANCIAL
	FINANSON
Month Year  Actual or Estimated Date of Incorporation or Organization: [0] 9	mated
Actual or Estimated Date of Incorporation or Organization: [0] 9 0 1  Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
77d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by	
which it is due, on the date it was mailed by United States registered or certified mail to that address.	selow of, if received at that address after the date of
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	lly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only reported thereto, the information requested in Part C, and any material changes from the information previously supp	
not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for: ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION —	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unifiling of a federal notice.	

#### A BASIS DENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Speiser, Joseph Business or Residence Address (Number and Street, City, State, Zip Code) c/o Azoogle.com, Inc., 110 E. 55th Street, New York, NY 10022 ☑ Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Zhardanovsky, Alex Business or Residence Address (Number and Street, City, State, Zip Code) c/o Azoogle.com, Inc., 110 E. 55th Street, New York, NY 10022 Beneficial Owner Z Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Nicolau, Randy Business or Residence Address (Number and Street, City, State, Zip Code) c/o Azoogle.com, Inc., 110 E. 55th Street, New York, NY 10022 Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Conway, Brian Business or Residence Address (Number and Street, City, State, Zip Code) c/o Azoogle.com, Inc., 110 E. 55th Street, New York, NY 10022 Promoter Beneficial Owner Executive Officer Check Box(es) that Apply: ☑ Director General and/or Managing Partner Full Name (Last name first, if individual) Fox. Ken Business or Residence Address (Number and Street, City, State, Zip Code) c/o Azoogle.com, Inc., 110 E. 55th Street, New York, NY 10022 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) SG Azoogle L.P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Stripes Group Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) TAIX L.P. Business or Residence Address (Number and Street, City, State, Zip Code) c/o TA Associates, Inc., High Street Tower, Suite 2500, 125 High Street, Boston, MA 02110

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2. Enter the information requested for the following:	
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>	
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more or</li> </ul>	f a class of equity securities of the issuer.
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of</li> </ul>	partnership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>	
Check Box(es) that Apply: Promoter  Beneficial Owner  Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
TA Atlantic and Pacific V	
Business or Residence Address (Number and Street, City, State, Zip Code) c/o TA Associates, Inc., High Street Tower, Suite 2500, 125 High Street, Boston, MA 02110 USA	
Check Box(es) that Apply: Promoter   Beneficial Owner   Executive Officer   Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
2063061 Ontario Inc.	
Business or Residence Address (Number and Street, City. State, Zip Code) 55 West Wood Lane, Richmond Hill, ON L4C 6X6, Canada	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City. State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of this sheet, as necessa	ry)

PART OF		<b>P</b>	44 <b>/23/4</b>	HE DELL	egrmati	osabou	i offeri		W. C.			in the
1. Has the	issuer sold	or does th	e issuer in	tend to scl	l. to non-ac	credited in	vestors in	this offeri	nø?		Yes	No <b>IX</b> i
	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								-	<u></u>		
2. What is the minimum investment that will be accepted from any individual?									\$_3.16	3 		
											Yes	No
		ermit joint	-									
commis If a pers or state	ssion or simi son to be lis s, list the na	ion requested it ar remuner ted is an assume of the branch you may se	ation for so ociated per roker or de	olicitation rson or age aler. If mo	of purchase nt of a brok re than five	rs in conne er or dealer (5) person	ction with registered is to be liste	sales of sec with the Si ed are asso	urities in th EC and/or	ne offering. with a state		
Full Name (	Last name	first, if indi	vidual)									
Business or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)		•				
Name of As	sociated Br	oker or Dea	aler					-			<del></del>	
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers		<del> </del>			<del></del>	
(Check	"All States	" or check	individual	States)		•••••	·····	·····	•••••	······································	☐ All	States
AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name										لفنت 		
Business o	r Residence	: Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Name of As	ssociated Bi	oker or De	aler						***************************************			
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State:	s" or ch <b>cc</b> k	individual	States)		······································	•••••••	•••••			☐ A1	I States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)									
Business of	r Residence	Address (	Number ar	d Street, (	City, State.	Zip Codc)					·	
Name of A	ssociated B	roker or De	aler	· <del></del>			_					
States in W	hich Person	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchasers	3					
(Checl	c "All State	s" or check	individua	l States)	••••••	·····	······································	••••••		•••••	☐ A	Il States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and aircady exchanged. Amount Already Aggregate Offering Price Sold Type of Security Common Preferred Convertible Securities (including warrants) \_\_\_\_\_\_\_\_\$\_\_\_\_\_ Partnership Interests \$ Other (Specify \_ Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors \$ 34,337,051.00 Accredited Investors 5 Non-accredited Investors 0 Total (for filings under Rule 504 only) ...... Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Type of Offering Security Sold § 0.00 Rule 505 ..... Regulation A \$ 0.00 Rule 504 ..... \$ 0.00 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is

not known, furnish an estimate and check the box to the left of the estimate. 0.00 Transfer Agent's Fees 0.00 Printing and Engraving Costs \$ Legal Fees \$ To be determined \$ 0.00 Accounting Fees 0.00 Engineering Fees \$ 0.00 Sales Commissions (specify finders' fees separately)..... ..... 0.00 Other Expenses (identify) \$ 0.00 Total .....

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offering price gi and total expenses furnished in response to Part C — Question 4. proceeds to the issuer."	.a. This diff	erence is the "adjusted gross		34,337,051.00 \$
5.	Indicate below the amount of the adjusted gross proceed to the each of the purposes shown. If the amount for any purpose check the box to the left of the estimate. The total of the payme proceeds to the issuer set forth in response to Part C — Ques	is not know nts listed m	n, furnish an estimate and ust equal the adjusted gross		
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			\$	
	Purchase of real estate	•••••		<b></b> \$	_ 🗆 \$
	Purchase, rental or leasing and installation of machinery and equipment			□\$	□\$
	Construction or leasing of plant buildings and facilities			<del></del>	<del></del>
	Acquisition of other businesses (including the value of secur offering that may be used in exchange for the assets or secur issuer pursuant to a merger)	ities of ano	ther	□\$	□\$
	Repayment of indebtedness			_	_
	Working capital				
	Other (specify):			\$	_ 🗆 \$
					_ 🗆 \$
	Column Totals			\$ 0.00	\$34,337,051.00
	Total Payments Listed (column totals added)			□ \$ <u>_</u> 3	4,337,051.00
	D. FED	DERAL SIC	NATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned nature constitutes an undertaking by the issuer to furnish to the information furnished by the issuer to any non-accredited in	U.S. Securi	ities and Exchange Commi	ssion, upon writt	ule 505, the following en request of its staff,
Iss	uer (Print or Type) Signature		//-/	Date /	/
Az	oogle.com, Inc.	15	Strob	9/12	106
	1/	Signer (Prin	- ·		
Rai	ndy Nicolau Chief Ex	ecutive Off	icer		

— ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)